



# FORKS COMMUNITY HOSPITAL

*"Pioneers in Rural Health Care"*

## Pre - Admission Intake Form For LTC Waiting List

Thank you for considering Forks Community Hospital Long Term Care as the home for your loved one.

**Please note: A local provider, such as MD, ARNP, or PA is needed for Admission to LTC**

Resident Name:		Received by LTC:	
Prefers to be called:		Provider:	
Contact Information:			
Responsible Party:			Relationship:
Phone(s):		Date:	
		Health POA (Power of Attorney):	
Address		Financial POA if different:	
Personal Info			
Birthdate:			Marital Status:
Advance Directives:			
Living Will:			
Insurance Coverage:			
Policy #:		Group #:	
Funeral Home (if chosen at this time):			
Resident attitude towards Long Term Care?			
Religion:		Interpreter needed:	

Present Health Issues

Diagnosis:

Current Medications:

Reason for admission

Is resident aware of diagnosis? (Y ? N) If no, why?

Length of present illness:

Resident attitude towards illness?

Health Practices

Weight: Height: Alcohol: (Y / N)

Tobacco: Smoking (Y / N) Chewing (Y / N) e-Cig (Y / N) Marijuana (Y / N)

Allergies:

Appliances: Hearing Aide (Y/N) Glasses (Y/N) Dentures (Y/N) Protheses (Y/N)

Locomotion: (Bedbound, wheelchair, walker, independent)

Eating: (Assistance needed, setup help only, independent)

Diet: (General diet, soft foods, no added salt/sugar, vegetarian, ethnic/religious, or thickened fluids)

Bathing: (Total assistance, some help needed, independent)

Dressing: (Total assistance, some help needed, independent)

Control of Bowel:

Control of Bladder:

Comments or further explanation:

Please return to LTC & the Admissions Coordinator:

Forks Community Hospital, LTC Unit

530 Bogachiel Way

Forks, WA 98331

Or you can fax: (360) 374 - 6905

Or you can email:

ltc@forkshospital.org

If you have questions regarding the facility, please call the LTC Unit (360) 374-6271 x110

If you have questions about room rates, please contact Billing Office (360) 374 - 6271 x139